

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 091723508 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	<del>X</del>						51								
2							52								
3	<del>X</del>						53								
4	<del>X</del>						54								
5	<del>X</del>						55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13							63								
14	<del>X</del>						64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
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26							76								
27							77								
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29							79								
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33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.			22				TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS			23				TOTAL CLAIMS								